

**2700 INTERNAL TRANSFER REQUEST FORM S.N.**

|                          |  |
|--------------------------|--|
| DATE: _____              | FROM: _____ (print name)                               |
| <b>FORWARD TO:</b>       |  |
| A. Art Unit: <u>2181</u> | <b>REASON(S):</b>                                      |
| B. Class: <u>713</u>     | A. You had Parent <input type="checkbox"/> (check box) |
| C Subclass: _____        | B. See Title <input type="checkbox"/> (check box)      |
|                          | C. See Abstract <input type="checkbox"/> (check box)   |
|                          | D. See Claim(s): _____                                 |

**FURTHER EXPLANATION IF NEEDED:**

Claim 1 is directed to cipherma / decipher

|                    |  |
|--------------------|--|
| DATE: _____        | FROM: _____ (print name)                               |
| <b>FORWARD TO:</b> |  |
| A. Art Unit: _____ | <b>REASON(S):</b>                                      |
| B. Class: _____    | A. You had Parent <input type="checkbox"/> (check box) |
| C Subclass: _____  | B. See Title <input type="checkbox"/> (check box)      |
|                    | C. See Abstract <input type="checkbox"/> (check box)   |
|                    | D. See Claim(s): _____                                 |

**FURTHER EXPLANATION IF NEEDED:**

|   |                          |
|---|--------------------------|
| DATE: _____   | FROM: _____ (print name) |
| <b>FORWARD TO CLASSIFIER</b>  |                          |
| <b>REASON(S):</b><br>A. You had Parent <input type="checkbox"/> (check box) |                          |
| B. See Title <input type="checkbox"/> (check box)                           |                          |
| C. See Abstract <input type="checkbox"/> (check box)                        |                          |
| D. See Claim(s): _____  |                          |

**FURTHER EXPLANATION IF NEEDED:**

|   |  |
|---|--|
| <b>DISPOSITION BY 2700 CLASSIFICATION</b> |  |
| DATE: _____                               | CLASSIFIER: _____                                      |
| <b>FORWARD TO:</b>                        |  |
| A. Art Unit: _____                        | <b>REASON(S):</b>                                      |
| B. Class: _____                           | A. You had Parent <input type="checkbox"/> (check box) |
| C Subclass: _____                         | B. See Title <input type="checkbox"/> (check box)      |
|   | C. See Abstract <input type="checkbox"/> (check box)   |
|   | D. See Claim(s): _____                                 |

**FURTHER EXPLANATION IF NEEDED:**